PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10785443

				,								
CLAIMS AS FILED - PART I								SMALL ENTITY OTHER				R THAN.
TOTAL CLAIMS			(Column 1)		(Column 2)		}	TYPE [OF.		ENTITY
			X					RATE	FEE	_ .	RATE	FEE
FOR ,.			1 ~ / -		NUM	NUMBER EXTRA		BASIC FE	E 385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			minus 20= * -					XS 9=		OR	XS18=	
INDEPENDENT CLAIMS			5 minus 3 = 3					X43=		OR	X86=	112
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=	•	OR	-290=	
* If the difference in column 1 is less than zero, enter "0" in column 2						column 2	į	TOTAL		OR	TOTAL	0/12/
CLAIMS AS AMENDED - PART II									L			TUAN
(Column 1) (Column 2						(Column 3)		SMALL	ENTITY	OR	OTHER SMALL	
4		CLAIMS		HIGHE]「		ADDI-	ן ר		ADDI-
AMENDMENT A	٠	REMAINING AFTER AMENDMENT		PREVIOU PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		XS 9=		OR	X\$18=	
AME	Independent		Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1	-	
Inced has work dering.								+145=		OR	+290=	•
- 3								TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	j)
(Column 1) (Column 2) (Column 3)										. .	NOON, FEE	
_		CLAIMS		HIĞHE	ST	1	lг		ADDI-	1 [ADDI-
ТB		REMAINING AFTER		NUMBE PREVIOU	_	PRESENT	11	RATE	TIONAL		RATE	TIONAL
EN		AMENDMENT		PAID F		EXTRA			FEE			FEE
AMENDMENT	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X43=		[X86=	
4	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT C	LAIM	MIA MIA			I'	OR	7002	
								+145=	•	OR	+290=	•
•						•	Al	TOTAL DDIT. FEE		OR A	TOTAL ODIT. FEE	٠
						•						
MEN	•	CLAIMS REMAINING		HIGHES NUMBE	R	PRESENT			ADDI-	Γ		ADDI-
		AFTER AMENDMENT		PREVIOU PAID FO		EXTRA		RATE	TIONAL FEE	1	RATE	TIONAL FEE
	Total	•	Minus	**		= .	r	X\$ 9=	1 55	OR	X\$18=	, ree
	Independent		Minus	***		= ' '	F	X43=			X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						\perp	A43-		OR	∧60=	
				• _				+145=		OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20. ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***OPTION OF TOTAL ADDIT. FEE COUNTY OF TOTAL ADDIT.												
· T	he "Highest Num	ber Previously Paid	For (Total or	independent	ess than) is the l	i 3, enter "3," highest number		· ·	ropriate box			